

COUNTY OF MAUI DEPARTMENT OF PERSONNEL SERVICES

200 South High Street, Wailuku, HI 96793 Telephone: (808) 270-7850

E-mail: personnel.services@mauicounty.gov Website: www.mauicounty.gov/departments/Personnel

APPLICATION FOR EMPLOYMENT

The County of Maui does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, ancestry, arrest and court record, marital status, or sexual orientation in employment or the provision of services.

AN EQUAL OPPORTUNITY EMPLOYER

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	INSTRUCTIONS:
>	Type or print legibly in ink. Fill out both sides carefully and completely. Submit application with original signature.
•	The information you provide will determine whether you meet the minimum qualification requirements on the examination announcement.
•	Your failure to properly fill out this application may result in your disqualification or dismissal.
Þ	Notify us of any changes in your address or telephone number. We will not be responsible for any mail or correspondence which does not reach you.
Þ	Application assistance and examination accommodation for persons with special needs are available upon request. Please allow sufficient advance notice for examination accommodations.
1.	CITIZENSHIP: Check the appropriate block below.
	NOTE: Applicants must be citizens, nationals or permanent resident aliens of the United States.
	A. ☐ Citizen of the U.S. B. ☐ National of the U.S. C. ☐ Permanent Resident Alien of the U.S. D. ☐ Non-citizen. Type of visa
2.	UNITED STATES MILITARY SERVICE:
	Veteran's Preference.
	I claim: \square 5 points \square 10 points (preference)
	Type of last Separation:
	☐ Honorable ☐ Other than Honorable
	To receive 5 points, you must submit a copy of your DD-214 showing dates of honorable service with this application.
	To receive 10 points, you must submit an official statement from the Veterans Administration or armed service dated within the past six months which confirms your qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage

and, as applicable, veteran's death.

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		TITLE	OF JOB APPL	YING FOR		
		EVA	NATA TION N	TIMED		
3.	NAME:	EXA	AMINATION N	UMBER		
	Last		First		Middle	
4.	MAILING	G ADDRESS	:			
	City		State		Zip Code	_
5.	TELEPH	ONE:				
		·•	Home		Business	
6.	POLICE	APPLICANT	rs only:			
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VV 111	I you be ago	e 20 or order a	at the time of ap	opiication:	Yes □ No	o 🗆
7.			OUR EMPLOY			
			NT EMPLOY) [
8.	CERTIFI	ICATE OF A	PPLICANT:			
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cor	rect to the	best of my k	on I have give nowledge and	l belief. Ī un	derstand that c	any
mis	representa	ation of infor	mation by me	can disqual	lify this	•
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The	e followir	ng is applica	able to prosp	ective emp	oloyees only:	
			nave not been co	_		
subs	stance-relate	ted offense dur	ring the three-y	ear period im	mediately	
78-2	2.6 of the H	Iawaii Revised	d Statutes. I un	derstand and	rsuant to Section agree that shoul	d I
fail diso	to meet the qualified fro	suitability recommon further emr	quirements of the	he County of deration or de	Maui, I shall be eemed ineligible	e for
appo	ointment ur	nder Section 7	6-29 of the Hav	waii Revised	Statutes on the b	oasis
UI u	HSultability	Tor public cir.	іріоўшена.			
	Date		Sign	ature of Applic	eant	
		DO NOT	WRITE IN SPA		ant.	
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FORM NO. 4-70 (rev. 3/2009)

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	EDUCATION AND SPECIAL TRAINI uments you feel are applicable. Refer to				nscripts, licens	es, registi	rations requir	ed for	this po	sition or
Hav	ve you graduated from high school or rece	eived a high school equivalent of	diploma?	Yes 🗆 🗆	No 🗖					
Nar	ne and location of high school:									
BU	SINESS, TRADE, ARMED FORCES, CO	OLLEGE OR UNIVERSITY A	ND GRA	DUATE (OR PROFESSI	ONAL SO	CHOOLS:			
	NAME OF SCHOOL	ADDRESS (CITY, STATE)	Date A From Mo Yr	ttended To Mo Yr	Total Credit Hours Completed	Major Co	urse of Study	Grac Yes	duated No	Type of Degree or Certif.
LIC	ENSE: List any current licenses, registra	ntions, or certificates that you p	ossess wh	ich are pe	rtinent to this j	ob. Must	be valid at ti	me of	applica	ation.
,	TITLE REGIS	TRATION NO.	DATE	FIRST ISS	SUED	F	EXPIRATION	DATE	,	
Dri	ver's License No.	Class Code: (circle one)	1 2 :	3 4 A	ВС	Exp.	Date			
don aver	EXPERIENCE: Complete this section ever which qualifies you for the examination you rage hours worked per week. If you held sever tore space is needed, fill out a blank sheet us	are applying for. Include volunteral jobs with the same organization,	er and mili	tary experie eparately. T	ence. For volunt	eer and par	t-time experier	ice, no	te	DO NOT USE SPACE BELOW
	Employer	1					From Mo	Y	r'r	
							То Мо		Yr	
ition	Name & Title of immediate Supervisor						Total Yr	N	Мо	
Posi	Your title	Duties					Full time □ I			
Last							Av. hrs. per v Salary	week_		
at or							(first	la	ıst)	
Present or Last Position							Reason for le		,	
F										-
Emp	loyer	No. & Titles of employees you sup	ervised:				From Mo	Y	r	
Addı	ress						То Мо	Ŋ	Yr	-
Nam	e & Title of immediate Supervisor						Total Yr		Ло	_
You	r title	Duties					Full time □ I			
							Av. hrs. per v Salary	week_		
							(first Reason for l		ist)	-
							Reason for f	caving	•	_
Emp	oloyer	No. & Titles of employees you su	pervised: _				From Mo	Y	/r	_
	ress	•					To Mo		Yr	-
	ne & Title of immediate Supervisor r title						Total Yr Full time □ I		Mo ne. □	-
		Dunos					Av. hrs. per v			
							Salary			_
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							Reason for le	aving		
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RECRUITMENT/EXAMINATION SURVEY

To assist us in making our recruitment efforts as efficient as possible, **please** answer the following questions and return this form with your application. Where did you hear about this recruitment? (Check as many as may apply)

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	Maui News
	Honolulu Advertiser
	Honolulu Star-Bulletin
	Maui County Website (<u>www.co.maui.hi.us</u> or <u>www.mauicounty.gov</u>)
	Radio announcement
	Job/Career fair at
	Other
busine be offe detern	EXAMINATION SCHEDULING PREFERENCE ay be able to schedule some of our written examinations outside of our regularless hours (Monday - Friday, 7:45 a.m. to 4:30 p.m.). These examinations may ered during the early evenings Monday through Friday. In order for us to best nine an alternate examination schedule, please indicate your first choice of nation time below:
	Regular business hours (7:45 a.m. to 4:30 p.m.)
	Early evenings (start at 4:00 p.m.)
Althou	igh your preference will be taken into consideration, we cannot guarantee that

the examination will be scheduled for that time.

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EMPLOYMENT APPLICATION SUPPLEMENT - RACE/ETHNIC DATA

This information is needed for statistical purposes to meet federal reporting requirements on equal employment opportunity. Your participation in this survey is voluntary and your replies will be kept confidential. This survey will be detached from the application form prior to review of qualifications.

POSIT	TION A	PPLYING FOR: EXAM. NO
		☐ Female ☐ ader 20 ☐ 20-39 ☐ 40-65 ☐ 66 and over
		CKGROUND: Please review all categories listed below. Determine the category lieve best represents your ethnic background. Check one category only.
A.		WHITE - Includes persons of Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent, EXCEPT FILIPINO.
B.		HAWAIIAN AND PART HAWAIIAN - Check if you have <u>any</u> Hawaiian lineage.
C.		CHINESE AND KOREAN
D.		FILIPINO
E.		JAPANESE
F.		OTHER - Includes South Pacific Islanders (except Hawaiian), Blacks, American Indians, Burmese, Thais, Vietnamese, and persons of mixtures of any of the specific categories (except Part Hawaiians)
G.		Check here if you are uncertain as to the category to which you belong and enter your (a) specific ethnic descent or (b) mixture of ethnic descents:
		1. Specific ethnic descent:
		2. Mixture of ethnic descent: